



Australian Productivity Commission
Carer Leave Inquiry
August 2022

Improve the mental health of communities

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 7,700 members including more than 5,500 qualified psychiatrists and almost 2,100 members, who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Consultation Introduction

The RANZCP welcomes the opportunity to provide a submission to the Productivity Commission's [inquiry](#) on amending the National Employment Standards (NES) to provide a minimum statutory entitlement for extended unpaid carer leave to provide informal care to older people who are frail and living at home.

The submission includes examination of:

- costs and benefits of any change to the NES, including those that will impact older Australians, residential aged care services, and broader regulatory, economic and social impacts
- alternative ways to support informal carers provide support to older Australians

The RANZCP's response is informed by its [submission to the Royal Commission into Aged Care Quality and Safety](#) (the Royal Commission), [Position Statement 76: Partnering with carers in mental healthcare](#), and the feedback of RANZCP members from a range of expert Committees.

Costs and benefits of any change to the NES

Informal carers, often family members/whānau/friends/others are an [essential part of the aged care and mental health system](#). Their role in supporting the wellbeing of older Australians through offering practical and social support can prolong the amount of time older Australians are cared for at home and reduce the need for formal care. In the broader health system, the replacement value for this informal care would be [\\$77.9 billion](#), with carers for older people a significant part of this. As the '[Issues Paper](#)' notes, informal carers are a critical element of an aged care system with an increasing population.

Despite this contribution, informal caregiving is associated with poorer mental health and wellbeing. Carers are [2.5 times more likely](#) to report low wellbeing than the average Australian adult and twice as likely to report having poor health. The RANZCP supports the Royal Commission's assessment of informal carers' significant stress, and the detrimental impact of this on the health of older Australians and their informal carers.

The RANZCP therefore welcomes amendments to the NES, to support carers' access to paid or unpaid leave and flexible working arrangements to care for an older person. Supporting carers through improvements to assessment criteria for social support systems was recommended by the RANZCP in their [response to the Royal Commission](#). A minimum statutory entitlement for an employee to take extended unpaid leave for the purpose of caring for an older family member or close friend, will help relieve the

burden on informal carers. This will support the health, independence, dignity and quality of life of older Australians and their informal carers.

Alternative ways to support informal carers of older Australians

The Productivity Commission should consider the following to ensure that informal carers receive the appropriate support to provide person-centred care to older Australians:

Informal carers don't always see themselves as 'carers'

Many carers simply view themselves as someone who cares for a family member/Whānau or friend. Any amendments to the NES must coincide with significant investment in the promotion of what constitutes an informal carer, and subsequent leave eligibility. Reducing confusion about eligibility will ensure that informal carers have access to social supports.

Informal Carers may be 'co-caring'

Many informal carers of older people are likely to be older themselves, and face their own physical, social, cognitive and developmental challenges that affect their role. If an individual is also experiencing a mental health condition, such as dementia, there are additional challenges. Amendments to the NES must intersect and compliment other social supports for older Australians.

Informal carers' experiences vary

There are numerous cultural considerations when making amendments to the NES and providing other social supports to informal carers, as the concept of 'carer' may not be easily translated across cultural contexts. In Aboriginal and Torres Strait Islander communities, there may be existing kinship and care relationships in place, which are important to understand and factor into care arrangements. In some culturally and linguistically diverse (CALD) communities, family inclusion is a culturally expected aspect of any communication with service providers.

It is critical that information on NES amendments is available in different languages and communicated through Indigenous led medical services and/or appropriate CALD organisations. This will ensure that informal carers receive information and support in their own language and in a manner that is culturally relevant. Information should also be disseminated in a variety of mediums to ensure equity of access for all informal carers.

When providing care, informal carers in rural and remote locations encounter considerable distances to travel and limited access to services. Accessibility problems should be noted when developing amendments to the NES, with funding provided at the required level for high need populations. This will support equity between informal carers living in rural and metropolitan Australia.

Informal carers' training

Whilst amendments to the NES are a welcome development, they must coincide with governments' and health services' provision of effective and relevant education for informal carers. This will not only improve the quality of care for the recipient but support the informal carer.

Informal carers' ongoing role as part of a multidisciplinary team

To support and utilise informal carers of older Australians, multidisciplinary teams (including psychiatrists) should be part of the aged care model. Across various health settings, systems should be in place to identify any informal carer/carer network and continually engage with them throughout the treatment process.

This improves patient care through information sharing. Informal carers have vital information which can assist health professionals (including psychiatrists) to develop person centred care plans and improve health outcomes. This is pertinent when managing any handover of care to another aged care setting, such as hospital or residential aged care. To further this process of assessment, the RANZCP recommends the development of time-tiered MBS item numbers for clinicians to consult with carers.

Continual engagement also supports the informal carer through the provision of education, information and other practical supports to assist them in their role. Health systems and services can be complex to navigate, and many informal carers are unaware of services available to them. Support must also include guidance on maintaining personal health and wellbeing amid the stress and anxiety that can arise from their caring role. This includes referral to local support programs where appropriate, such as the Carer Peer Support Workers.

Increase income support payments through the Carer's Payment.

Older Australians and their informal carers, especially those with mental illness, are at a significant financial disadvantage compared to the general population. Difficulties in obtaining and keeping a job while providing or undergoing care inhibit the maintenance of a healthy lifestyle (adequate housing, food, health care and medical services). Increasing the Carer's Payment would support informal carers and the older Australians they care for overcome these cost barriers.